

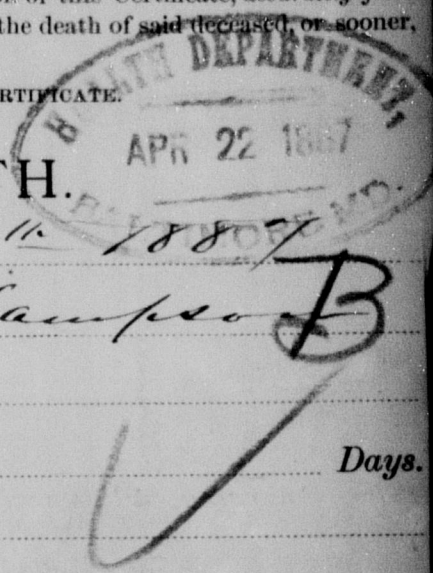
HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Board of Health, City of Baltimore,

Permit No. 99400 Office of Registrar of Vital Statistics. Ward 8⁰/₉

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, Apr. 20th 1887
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Hampson
Sex, Male or ~~Female~~, { Cross out the word not required in this line. }
Age, 30 Years, Months, Days.
Color, white
Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }
Occupation, Plasterer
Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland
Duration of Residence in the City of Baltimore, 7 years
Place of Death, { Give street and number. } 29 Brighton St.
Cause of death, { First, (Primary,) Second, (Immediate,) } alcoholism
Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross
Date of Burial, April 22^d }
{ Undertaker, H. C. Wiedefeld }
{ Place of Business, 916 Green Mt. Ave }
Medical Attendant, Mr. Brooke Bayle M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Board of Health, City of Baltimore,

Permit No. 99401

Office of Registrar of Vital Statistics.

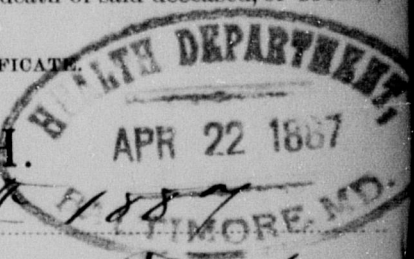
Ward

8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Apr. 20th 1887

Full Name of Deceased, Miss Ellen Dudley

Sex, ~~Male~~ or Female, Cross out the word not required in this line.

Age, 77 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, Cross out the word not required in this line.

Occupation, Ireland

Birthplace, State or country, and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, 35 years

Place of Death, 812/58 Harford Ave

Cause of death, First, (Primary,) Softening of the brain
Second, (Immediate,) 3 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, April 22^d Dr. Brooke Bayle M. D.,

Undertaker, H. C. Wiedefeld Medical Attendant

Place of Business, 916 Green Mt. Ave Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.
Office of Registrar of Vital Statistics.

Permit No. 99402
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately and soon, if requested so to do, under penalty of law.
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

Ward 18th

CERTIFICATE OF DEATH.

APR 22 1887
BALTIMORE MD

Date of Death, April 21, 1887
Full Name of Deceased, Wm Booley
Sex, Male or Female, Male
Age, 37 Years
Color, White
Months, Days.

Married, Single, Widow or Widower, Single
Occupation, Machinist

Birth Place, Maryland
Duration of Residence in the City of Baltimore, Lifetime
Place of Death, 801 North St

Cause of Death, Consumption of Lung
Duration of Last Sickness, Six Months

Place of Burial, Mount Oliver

Date of Burial, April 23, 1887

Undertaker, S. M. Leonard

Place of Business, 782 W. Baltimore St

Address, 1701 Hollins St
Medical Attendant, J. M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Health Department, City of Baltimore.

Permit No. 99-403 Office of Registrar of Vital Statistics. Ward 2 1/2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 21st, 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary J. Price

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 23 Years, 8 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single ✓

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 1 1/2 years

Place of Death, {Give Street and Number.} No. 929 Western Ave.

Cause of Death, {First (Primary), Second (Immediate),} Apoplexy

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Holly Redemer Cemetery

Date of Burial, April 22nd 1887

{ Undertaker, Fred Gault Medical Attendant, M. D.

{ Place of Business, 1088 Caroline St. Address, 111 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on page _____ certificate.

Health Department, City of Baltimore.

Permit No. 99404 Office of Registrar of Vital Statistics.

Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH

Date of Death, Supposed to be Feb 20 - 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Suffern & Co. Thomas Malone

Sex, *Male* ~~or Female~~, { Cross out the word not
required in this line. }

Age, about 30 Years, 1 Months, 1 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not
required in this line. } ... Unknown

Occupation, Maternal

Birth Place, { State or country, and how
long in the United States,
if of foreign birth. }

Duration of Residence in the City of Baltimore, unknown

Place of Death, { Give Street and Number. } In the river ~~entrance~~ off Lowest Point.

Cause of Death, { First (Primary), *Supposed to have been accidental, poisoning*
Second (Immediate), *...*

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *E. Pet Cemetery*

Date of Burial, April 22"/87

Undertaker, Geo. Rindhart, All Hall Budge, M. D. Medical Attendant.

Place of Business, *Health Office* Address, *403 N Broadway*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this certificate.

Health Department, City of Baltimore.

Permit No. 99405 Office of Registrar of Vital Statistics. Ward 18ⁿ

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 21st 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John T. Legg

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 55 Years, 2 Months, Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Fisherman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 1145 Washington Ave.

Cause of Death, {First (Primary), Second (Immediate),} Consumption

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, April 24th 1887

Undertaker, P. H. Kochler Medical Attendant, H. W. Weber M. D.

Place of Business, Frank Bros Address, 814 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 994116 Office of Registrar of Vital Statistics. Ward 12^e

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.

Date of Death, April 21st 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Alex. H. Lucchesi

Sex, Male or Female, { Cross out the word not required in this line. } (Lucchesi)

Age, 6 Years, 1 Months, 1 Days

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } 1108 Druid Hill Ave.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give Street and Number. } 1108 Druid Hill Ave.

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum
& exhaustion

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, April 23^d 1887

{ Undertaker, Henry H. Mears } J. K. Munnick M. D.

Medical Attendant.

{ Place of Business, #413 E. Fayette St. } Address, 420 W. Beddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Health Department, City of Baltimore.

Permit No. 99407 Office of Registrar of Vital Statistics. Ward 157

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Apr. 26th 1887
Full Name of Deceased, Julia Simimone
Sex, Male or Female, Female
Age, 61 Years, Months, Days.
Color, Blood
Married, Single, Widow or Widower, Single
Occupation, Had none
Birth Place, Bost.
Duration of Residence in the City of Baltimore, During life
Place of Death, 214 Lee St.
Cause of Death, First (Primary), Dysentery
Second (Immediate), Exhaustion
Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery
Date of Burial, Apr. 29th 1887
Undertaker, Saml W Chase
Place of Business, 64 S Howard St Address, 1019 S. Hall Ave
M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

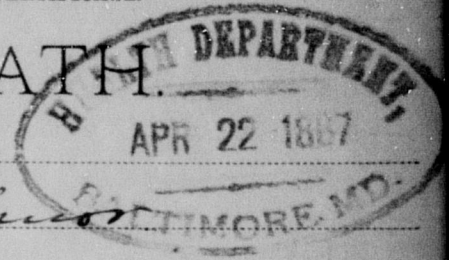
Health Department, City of Baltimore.

Permit No. 99408 Office of Registrar of Vital Statistics. Ward 10²/₉

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Apr 20th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Gilman

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Years, 7 Months, ✓ Days

Colored ✓

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give Street and Number. } Sarah Ann St 35

Cause of Death, { First (Primary), Second (Immediate), } Pneumonia

Duration of Last Sickness, About a week.

All the above information should be furnished by the Physician.

Place of Burial, Sharp Cemetery

Date of Burial, April 22

Undertaker, John H. Owens

Place of Business, 602 Pearl St Address, 215 W. Franklin St.

Geo. G. Gay, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, gm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99409 Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 21 1887

Full Name of Deceased, Sarah R. Staylor
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Female
{ Cross out the word not required in this line. }

Age, 38 Years, Months, Days

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Housekeeper

Birth Place, Baltimore
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, 305 - Oak Croft St
{ Give Street and Number. }

Cause of Death, Albuminuria & Crain
{ First (Primary), Second (Immediate), } Convulsions

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, April 24 1887

Undertaker, Bennett & Co

Place of Business, 115 West St Address, 301 Harrow Av

H. B. Stolle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]